

Emergency Department Case Report

U.S. Department of Health and Human Services • Substance Abuse and Mental Health Services Administration

1. Facility

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2. Date of Visit

MONTH	DAY	YEAR
		20

3. Time of Visit

HOUR	MINUTE

☐ a.m.
☐ p.m.
☐ military

4. Age

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☐ Less than 1 year
☐ Not documented

5. Patient's Home ZIP Code

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Otherwise, select one response:

- ☐ No fixed address (e.g. homeless)
☐ Institution (e.g. shelter/jail/hospital)
☐ Outside U.S.
☐ Not documented

6. Sex

- ☐ Male
☐ Female
☐ Not documented

7. Race/Ethnicity

Select one or more:

- ☐ White
☐ Black or African American
☐ Hispanic or Latino
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Not documented

8. Diagnosis List up to 4 diagnoses noted in the patient's chart. Do not list ICD codes.

1.	3.
2.	4.

9. Case Description Beginning with the presenting complaint, describe how the drug(s) was related to the ED visit. Copy verbatim from the patient's chart when possible.

10. Substance(s) Involved Using available documentation, list all substances that caused or contributed to the ED visit. Record substances as specifically as possible (i.e., brand [trade] name preferred over generic name preferred over chemical name, etc.). Do not record the same substance by two different names. Do not record current medications unrelated to the visit.

Route of Administration

Select One

Mark if confirmed by toxicology test

Oral
 Injected
 Inhaled, sniffed, snorted
 Smoked
 Other
 Not documented

Alcohol involved? ☐ Yes ☐ No/Not documented

		Oral	Injected	Inhaled, sniffed, snorted	Smoked	Other	Not documented
1	<input type="checkbox"/>						
2	<input type="checkbox"/>						
3	<input type="checkbox"/>						
4	<input type="checkbox"/>						
5	<input type="checkbox"/>						
6	<input type="checkbox"/>						

11. Type of Case

Using the Decision Tree, select the first category that applies:

- ☐ Suicide attempt
☐ Seeking detox
☐ Alcohol only (age <21)
☐ Adverse reaction
☐ Overmedication
☐ Malicious poisoning
☐ Accidental ingestion
☐ Other

12. Disposition Select one:

Treated and released:

- ☐ Discharged home
☐ Released to police/jail
☐ Referred to detox/treatment

Admitted to **this** hospital:

- ☐ ICU/Critical care
☐ Surgery
☐ Chemical dependency/detox
☐ Psychiatric unit
☐ Other inpatient unit

Other disposition:

- ☐ Transferred
☐ Left against medical advice
☐ Died
☐ Other
☐ Not documented

13. Comments Enter here any questions or issues you have about this case. Do not include information that could identify the patient.

DAWN is operated by the **Substance Abuse and Mental Health Services Administration (SAMHSA)**, of the **U.S. Department of Health and Human Services**, as required in Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4). DAWN is used to monitor trends in the adverse health consequences associated with drug use. Section 501(n) of the Public Health Service Act prohibits SAMHSA from using or disclosing DAWN data for any purpose other than that for which they were collected.

Public reporting burden for DAWN emergency departments is estimated at 77 minutes per case. This includes time for reviewing ED charts and completing case report and activity report forms. Send comments regarding burden to SAMHSA Reports Clearance Officer, Paperwork Reduction Project 0930-0078, 1 Choke Cherry Road, Room 7-1044, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0078.